

## Long Island Association of Retired NYC Firefighters

Scholarship Application

Winners will be awarded \$1,000.00 Scholarships

PLEASE PRINT OR TYPE:

### CANDIDATES NAME:

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(Last) (First) (M.I.)

### Home Address:

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(Street) (City) (State) (ZIP+4)

Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

### Sponsor\*:

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(Name) (Relationship to Candidate)

### Sponsor's Address:

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(Street) (City) (State) (ZIP+4)

Sponsor's Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\*NOTE: To be eligible, the SPONSOR must have five (5) consecutive years of LIARNYCF membership and be current and in "good standing." The candidate must be either the child or grandchild of the sponsor.

Application must include:

1. Copy of High School transcript.
2. Name, address, and phone number of the college or university the candidate will attend.
3. Copy of acceptance letter from the school the candidate will attend.

This completed form and related documents must be received in LIARNYCF's President's mail box, no later than July 31st, 2017.

Mail to: LIARNYCF, C/O Peter Keller, 1615 Church Street, Holbrook, N.Y. 11741-5820